# Assessment for Appropriate Placement and Extension

The Assessment for Appropriate Placement and Extension standard is calculated for most W-2 participants. It does not apply to CMC placements or FSET participants.

Participants placed in an unsubsidized or subsidized W-2 employment position can have an informal assessment documented in CARES by the FEP within 30 calendar days of their placement and up to 30 days after the placement. Keep in mind, however, that W-2 policy requires that an informal assessment be completed up front whenever a new placement occurs.

For the required formal assessment of a W-2 Transition placement, the FEP has 30 days prior to the placement plus the 30 days after the placement to initiate and document the assessment in CARES. This formal assessment must be by a medical or mental health/AODA health professional, a DVR counselor, or a similarly qualified assessing agency or business.
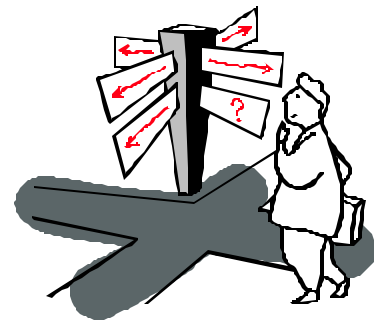
For the formal assessment requirement, note what WP activities are documented on WPCH. If one of the WP assessment activities is coded on WPCH as either "Scheduled" or "Actual" within 30 days of the W-2 Transitions placement, the requirement has been met.

To meet the informal assessment requirement, the following screens in the WP driver flow must be completed or updated at each W-2 placement.

```
WPED                      ASSESSMENT - EDUCATION              10/18/02 09:34
                                                            XID123 A WORKER
   PIN: 0123456789    OFFICE: 9876   CTY/TRIBE: 01   CASE MANAGER: XID123
   NAME: EXAMPLE          CASE          A
   LAST ASSESSMENT UPDATE: __ __ ____              UPDATED DATE: __ __ ____

   DO YOU WANT TO INITIATE A NEW ASSESSMENT: _ (Y/N)

   EDUCATION HISTORY:   ORIGINAL   CURRENT
    HIGHEST ED. LEVEL:     ___       ___         CURRENTLY IN SCHOOL: _
    LAST YEAR ATTENDED:   ____      ____
       WHERE ATTENDED       DEGREE      MM/YR RECEIVED     COURSE OF STUDY
    _____        __        __ ____         _____
    _____        __        __ ____         _____

   TESTING:      --------ORIGINAL--------    -------CURRENT-
               LEVEL    TEST   MM/YEAR     LEVEL    TEST
    READING     ____    ____   __ ____     ____    ____
    MATH        ____    ____   __ ____     ____    ____
    ENGLISH     ____    ____   __ ____     ____    ____
    APTITUDE    ____           __ ____             ____
    INTEREST    ____           __ ____             ____
   PF14 WPAW  PF15 WPJR   PF16 WPJS   PF17 WPTS
```

> Answering "Y" to this question starts the WP assessment driver flow.

Next Tran: WPED	**Parms:** Pin Number

```
WPAW                    ASSESSMENT - EMPLOYMENT            01/07/02 13:48
                                                            XWI409 L FISCHER
 PIN: 0509568980    OFFICE: 1111   CTY/TRIBE: 18   CASE MANAGER: XWI409
 NAME: LING           CAROL          _
 LAST ASSESSMENT UPDATE: 11 15 2000           UPDATED DATE: __ __ ____
 PROGRAM EMPLOYMENT GOAL:      DOT            TITLE
                        PRIMARY: ___ ___ ___  _____
                      SECONDARY: ___ ___ ___  _____
 LICENSES/CERTIFICATIONS:      _____  _____  _____
 OPERATES THE FOLLOWING EQUIPMENT: ___  ___  ___  ___  ___
 SPECIALIZED SKILLS SUMMARY:       ___  ___  ___  ___  ___
 VOLUNTEER WORK/HOBBIES:        _____
 OTHER LANGUAGE: _    VERBAL(Y/N): _    WRITTEN(Y/N): _
                 _                _                _
 CURRENTLY EMPLOYED:  _ (Y/N) EMPLOYMENT IN LAST 24 MONTHS?: _ (Y/N)
 CONVICTED OF CRIME?: _ (Y/N) IF Y EXPLAIN: _____
                                              M  T  W  R  F  S  S
 PREFERRED WORK HOURS:   __ __ TO  __ __     DAYS: _ _ _ _ _ _ _
 UNABLE TO WORK HOURS:   __ __ TO  __ __     DAYS: _ _ _ _ _ _ _
 REASON UNABLE TO WORK:        _____
 WORK ENVIRONMENT PREFERENCES: __  __  __    WILL RELOCATE (Y/N): _
 PF13 WPED  PF15 WPJR   PF16 WPJS          PRINTS ON EMPLOYABILITY PLAN
 NEXT TRAN: ____    PARMS: _____ MORE…
```

Next Tran: WPAW	**Parms:** Pin Number

```
WPEH                    EMPLOYMENT HISTORY                01/07/02 13:49
                                                           XWI409 L FISCHER
 PIN: 0509568980                            WDA:     CTY/TRIBE: 18
 NAME: LING           CAROL                 OFFICE: 1111

  ENTERED EMPLOYMENT(Y/N): _
  BEGIN DATE: __ __ ____               END DATE: __ __ ____

  PROVIDER ID:    ____      STAFF ID: _____
  DURATION:  _ FULLTIME LESS THAN 30 DAYS   _ PARTTIME LESS THAN 30 DAYS
             _ FULLTIME 30 DAYS OR MORE     _ PARTTIME 30 DAYS OR MORE
  EMPLOYER TYPE: PUBLIC _  PRIVATE _       AVG HRS/WEEK: __
      EMPLOYER NAME: _____ EMPLOYER SEQ NUM: 00
      ADDRESS:       _____
                     _____
      CITY:          _____ STATE: __  ZIP: _____
   DOT: ___      HOURLY WAGE:   .00    PAY CODE: __
  JOB DUTIES:   _____
                _____
                _____  REASON FOR LEAVING: __
  MEDICAL BENEFITS: _  OTHER BENEFITS: __
  PF13 WPED  PF14 WPFT-30  PF15 WPFT-180  PF5 REFRESH WPEH
  NEST TRAN: ____    PARMS: 0509568980_____
```

Next Tran: WPEH	**Parms:** Pin Number

```
WPJR              ASSESSMENT – PARTICIPATION READINESS       01/07/02 13:49
                                                               XWI409 L FISCHER
 PIN: 0509568980    OFFICE: 1111   CTY/TRIBE: 18   CASE MANAGER: XWI409
 NAME: LING          CAROL            _
 LAST ASSESSMENT UPDATE: 11 15 2000          UPDATED DATE: __ __ ____
 TRANSPORTATION: TRANSPORTATION TYPE: __ __ __     LIABILITY INSURANCE(Y/N): _
             VEHICLE: Y  VALID DRIVERS LICENSE (Y/N): Y STATE: __ TYPE: 1 _
 IF NO VALID LICENSE WHY?: _____
 WILL COMMUTE ONE WAY: __ MILES

 CHILD CARE:    NO. OF CHILDREN NEEDING CARE: __
               TYPE OF ARRANGEMENT: __  __  __
 SUPPORTIVE SERVICES NEEDED: ____ ____ ____ ____
 CLIENT STATED ASSETS: ___  ___  ___  ___  ___
 OTHER AGENCY/PROGRAM PARTICIPATION         : __  __  __  __  __
     PARTICIPATION BY (F- FAMILY MEMBER C- CLIENT): _   _   _   _   _
 COMMENTS:_____
 _____

     ARE THERE CONDITIONS AFFECTING PARTICIPATION (Y/N): _

 PF13 WPED  PF14 WPAW  PF16 WPJS
 NEXT TRAN: ____    PARMS: 0509568980_____
```

> Answering "Y" to this question will bring up WPBD.

Next Tran: WPJR	**Parms:** Pin Number

```
WPBD              ASSESSMENT – BARRIER DETAILS              01/07/02 13:52
                                                               XWI409 L FISCHER
 PIN: 0509568980    OFFICE: 1111   CTY/TRIBE: 18   CASE MANAGER: XWI409
 NAME: LING          CAROL            _
 LAST ASSESSMENT UPDATE: 11 15 2000          UPDATED DATE: __ __ ____
 DC: _     BARRIERS: __     INDIVIDUAL AFFECTED: _ (C- CLIENT F- FAMILY MEMBER)
 BARRIER BEGIN DATE: __ ____              BARRIER END DATE: __ ____
 COULD BARRIER AFFECT HOURS OF PARTICIPATION?: _ (Y/N)
 HOW SOON CAN BARRIER BE OVERCOME?:
   _ < 1 MONTH  _ 1-3 MONTHS  _ 4-6 MONTHS  _ > 6 MONTHS

 WHO IDENTIFIED BARRIER?: _____
 ARE SPECIAL ACCOMMODATIONS NEEDED BASED ON BARRIERS? _ (Y/
 SPECIFY THE ACCOMMODATIONS THAT THE AGENCY WILL ARRANGE: __
 _____
 _____
 _____
 IF APPROPRIATE, HAS PARTICIPANT BEEN REFERRED FOR FORMAL
      ASSESSMENT FOR THIS BARRIER?: _ (Y/N)     REFERRAL DATE  : __ __ ____
 ASSESSMENT COMPLETED: _ (Y/N)                  COMPLETION DATE: __ __ ____
 ASSESSMENT COMPLETED BY: _____
 PF13 WPED  PF14 WPAW  PF15 WPJR  PF5 ADD MORE BARRIERS
```

> **Note:** Not all barriers require a formal assessment.

Next Tran: WPBD	**Parms:** Pin Number

```
WPRU              ASSESSMENT – UNSUBSIDIZED EMPLOYMENT        01/07/02 13:53
                                                              XWI409 L FISCHER
 PIN: 0509568980    OFFICE: 1111   CTY/TRIBE: 18   CASE MANAGER: XWI409
NAME: LING          CAROL              _
LAST ASSESSMENT UPDATE: 11 15 2000              UPDATED DATE: __ __ ____




 IS PARTICIPANT READY FOR UNSUBSIDIZED EMPLOYMENT (Y/N)?: _
 SUMMARY OF DECISION: _____
 _____
 _____
 _____




 PF13 WPED  PF14 WPAW  PF15 WPJR
```

Summarize why the participant is or is not ready for unsubsidized employment.

| **Next Tran:** WPRU | **Parms:** Pin Number |

```
WPJS                 EMPLOYABILITY SERVICE PLAN – 1          01/07/02 13:53
                                                             XWI409 L FISCHER
 PIN: 0509568980                               OFFICE: 1111
NAME: LING          CAROL                      COUNTY/TRIBAL UNIT: 18
 *** LAST EMPLOYABILITY PLAN UPDATE: 01 07 2002  CASE MANAGER: XWI409
PROGRAM EMPLOYMENT GOALS:
      PRIMARY:   DOT ___ ___ ___   TITLE: NNN_____
      SECONDARY: DOT ___ ___ ___   TITLE: _____

RELATED GOALS:   LONG TERM  MMMM_____
                 SHORT TERM _____

PARTICIPANT`S PERSONAL GOAL:
                    STEPS                          DATE COMPLETED
1 _____  __ __ ____
2 _____  __ __ ____
3 _____  __ __ ____
4 _____  __ __ ____
5 _____  __ __ ____
6 _____  __ __ ____


 PF13 WPED  PF14 WPAW   PF15 WPJR
```

| **Next Tran:** WPJS | **Parms:** Pin Number |

```
WPAS              EMPLOYABILITY SERVICE PLAN - 2          01/07/02  13:53
                                                            XWI409 L FISCHER
 PIN: 0509568980   OFFICE: 1111   EP WORKER: XWI409    PRINTER-ID: _____
NAME: LING        CAROL                         COUNTY/TRIBAL UNIT: 18
 *** LAST EMPLOYABILITY PLAN UPDATE:            CASE MANAGER: XWI409
ACTIVITY PLAN: (6 MONTHS MAXIMUM)  __ __ ____     THRU   __ __ ____
       ACTION STEPS OR              PLANNED    PLANNED   PROV PROV  ACTUAL
         ACTIVITY                  BEG DATE   END DATE    ID  OTR  END DATE
 1 _____ __ __ __  __ __ __  ____ ____ __ __ __
    HRS/WK: __ REM: _____   CC: _ TRNS: _ OTR: ___ ___ ___
    DEL: _  LOCN: _____   PD:
 2 _____ __ __ __  __ __ __  ____ ____ __ __ __
    HRS/WK: __ REM: _____   CC: _ TRNS: _ OTR: ___ ___ ___
    DEL: _  LOCN: _____   PD:
 3 _____ __ __ __  __ __ __  ____ ____ __ __ __
    HRS/WK: __ REM: _____   CC: _ TRNS: _ OTR: ___ ___ ___
    DEL: _  LOCN: _____   PD:
       MAILED (Y/N): N  MAILED DT: 06 12 2001  SAVE EP IN HISTORY: Y
COMMENTS: _____
          _____

 PF13-WPED  PF14-WPAW  PF15-WPJR  PF16-PRINT  ADD ACTIVITIES  N
```

Next Tran: WPAS	**Parms:** Pin Number

```
WPCS            CREATE/UPDATE COMPONENT/STATUS           01/07/02  13:57
                                                           XWI409 L FISCHER
 PIN: 0509568980        REGION: 0000        OFFICE: 1111
NAME: LING        CAROL                         COUNTY/TRIBAL UNIT: 18

 TYPE OF ACTION: A (A-ADD  U-UPDATE  C-COMPLETE  D-DELETE)
         COMPONENT/STATUS: __
                   PHASE: _          (P-PENDING S-SCHEDULED A-ACTUAL)
              BEGIN DATE: __ __ ____
                STAFF ID: _____
             PROVIDER ID: ____
   WEEKLY SCHEDULED HOURS: __    W-2 SANC IND (Y/N): _
    DAILY SCHEDULED HOURS: __    FREQUENCY (DAYS PER MONTH): __
           FUNDING SOURCE: _____
     EMPLOYER PROVIDER ID: _____
                 SITE ID: ____
                     DOT: ___
         NON-APPROVAL CODE: __
     ANTICIPATED END DATE: __ __ ____
          COMPLETION CODE: _
           ACTUAL END DATE: __ __ ____
 PF13 WPSC  PF14 POST ANOTHER COMPONENT
```

Next Tran: WPCS	**Parms:** Pin Number

```
WPCH                     COMPONENT/STATUS HISTORY          01/07/02 13:57
                                                           XWI409 L FISCHER
 PIN: 0509568980              REGION: 0000        OFFICE: 1111
 NAME: LING          CAROL                        COUNTY/TRIBAL UNIT: 18
                                                  CASE MANAGER: XWI409
 TYPE OF ACTION:     _             _             _             _
 OFFICE/REGION:     1111
 COMPONENT/STATUS:  ENR W/ORIENT
 PHASE/SANC IND:    _
 BEGIN DATE:        __ __ __
 STAFF/PROVIDER ID: _____ ____
 SCH HRS: WKY/DLY:
 FREQ: DAYS PER MM:
 FUNDING SOURCE:
 EMP PRV ID:
 SITE ID/DOT:
 NON-APPROVAL CD:
 ANTIC END DATE:
 COMPLETION CODE:
 ACTUAL END DATE:   __ __ __

                                                           PAGE:    1
```

Next Tran: WPCH	**Parms:** Pin Number

Working with Assessment for Appropriate Placement and Extension

Please return to CARES and check your own caseload. In instances of W-2 T placements, have WP assessment activities been coded appropriately? Are you completing or updating the WP driver flow at each W-2 placement? Remember to use the Notes space to document any cases that may need to be corrected.

Notes:

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What Works Where You Work? What strategies have you found to be useful in working with a participant who is reluctant to go through a formal assessment with a qualified assessing agency?

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